MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

09/647140

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED 1 ST AMENDMENT 2 T AMENDMENT 1 ST AMENDMENT 2 T AMENDMENT 3 T AMENDMENT 2 T AMENDMENT 3 T A
IND. DEP. IND. DEP. IND. DEP.
2
2
3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18 / 19 / 20 / 21 / 22 / 23 / 30 / 31 / 33 / 33 /
4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18 / 19 / 20 / 21 / 22 / 23 / 24 / 25 / 26 / 27 / 28 / 33 / 34 /
5 6 6 7 8 9 10 1 11 12 13 1 14 1 15 1 16 1 17 1 18 1 19 20 21 22 23 24 25 26 27 28 33 3 34 34
6
7
8 9 10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18 / 19 / 20 / 21 / 22 / 23 / 24 / 25 / 26 / 27 / 28 / 30 / 31 / 32 / 33 /
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
28. / / / / / / / / / / / / / / / / / / /
27
28
29
30 31 32 33 33 34
31 / 32 / 33 / 34 / 34 / 34 / 34 / 34 / 34
32 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
33 3
34
36
376
39
40 /
41
42
4374
44 /
45
10 ** **
47
48
49
OTAL
TOTAL DEP.
OTAL 59 NO.

	*		*		*	
	IND. DEP.					
51	IND.	DEP.	IND,	DEP.	IND.	DEP.
52						
53						
54		-				
55						
56		 				
57						
58		- 				
59		 	 			
60		 	-			
61						
62			 			
63		 	 			
64						
65		 				———
66		-				
67		 				
68		 	<u> </u>			
69		╁┈──	 			
70		 	 			
71	 	<u> </u>	1			
72		 	-			
73		 	 			
74		1	1			
75		 				
76		 	† -			
77		1	1			
78		1	 			
79				<u> </u>		
80						-
81		1				
82				**	e will be a	J. 32 × 1000.
83						
84						
85						
86						
87						** 1 g. v
88.						
89	1					
90	ļ					
91	L					
92						
93	1		ļ			
94						
95						
96	<u> </u>					
97	L					
98	ļ. <u>. </u>	<u> </u>				
99	1		<u> </u>			
100		1	1 17			2 0 22
TOTAL IND.		Ì	1	1		2* 1.5
TOTAL DEP.	1	_ —		—		•••
LIFE.			1		1	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS